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FACSIMILE COVER SHEET**DATE:** March 6, 2007**TO:** MS: ISSUE FEE**FAX NO.:** (571) 273-2885**FROM:** Jeffrey G. Toler
Reg. No.: 38,342**RE U.S. App. No.:** 10/607,811, filed June 27, 2003**Applicant(s):** Richard O. Slackman**Atty Dkt No.:** 1033-SS00382**Title:** RANK-BASED ESTIMATE OF RELEVANCE VALUES**NO. OF PAGES (including Cover Sheet):** 6**MESSAGE:**

Attached please find:

- ☒ Transmittal Form (1 pg)
- ☒ Issue Fee Transmittal (in duplicate) (2 pgs)
- ☒ Fee Address Indication Form (1 pg)
- ☒ Revocation of POA, Change of Correspondence Address and Appointment of New POA (1 pg)

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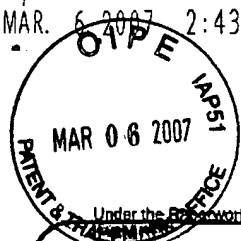
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| | | | |
|--|----------------------|---------------------------|--------------|
| TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small> | Application Number | 10/607,811 | |
| | Filing Date | June 27, 2003 | |
| | First Named Inventor | Richard O. Slackman | |
| | Art Unit | 2166 | |
| | Examiner Name | CHANNAVAJJALA, Srirama T. | |
| Total Number of Pages in This Submission | 6 | Attorney Docket Number | 1033-SS00382 |

| ENCLOSURES (Check all that apply) | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fee Address Indication Form |
| Remarks _____ | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---------------------|----------|--------|
| Firm Name | TOLER SCHAFFER, LLP | | |
| Signature | | | |
| Printed name | Jeffrey G. Toler | | |
| Date | 3-2-2007 | Reg. No. | 38,342 |

| CERTIFICATE OF TRANSMISSION/MAILING | |
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| Date | March 6, 2007 |

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